## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000° or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh

appropriate. All further cornindicated unless corrected be maintenance fee notifications	espondence including the Pelow or directed otherwise	ratent, advance ordin Block 1, by (a)	ders and noti	fication of maintenance fees van new correspondence address:	vill be mailed to the current and/or (b) indicating a sep-	correspondence address arate "FEE ADDRESS"	
CURRENT CORRES; NDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m			
WESTERMAN, HATTORI, DANIELS OF TRIAN, LLP 1250 CONNECTICUT AVENUE, NW SUITE 700 WASHINGTON, DC 20036				have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.			
1/01/2004 NNGUYEN2 000	000111 09867710	DCI Z 9 ZUU4	<i>F</i> ICE			(Depositor's na	
)1 FC:1501 )2 FC:1504	1370.00 BES 300.00 DP	TRADEMARK	5			(Signat	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/867,710	05/31/2001 Matsuo		Matsuo Y	'omogida	a 010705 6218		
FITLE OF INVENTION: BA	AR CODE READER HAVII	NG A ROTATORY	Y OPTICAL	DEFLECTOR AND ROTATION		,	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1330		\$300	\$1630	10/29/2004	
-: EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
FRANKLIN, JAMARA ALZAIDA		2876		235-462320			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attached.  The Address form Indication form PTO/SB/122 attached.  The Address form Indication form PTO/SB/122 attached.  The Address form Indication for							
Please check the appropriate	<del> </del>				corporation or other private g	roup entity    governm	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):   D I Susue Fee  D A check in the amount of the fee(s) is enclosed.							
				by credit card. Form PTO-2038			
`				The Director is hereby authorized by charge the required fee(s), or credit any overpayment eposit Account Number 50-2860 (enclose an extra copy of this form).			
, , ,	from status indicated above ALL ENTITY status. See 3'	,	□ b. Applica	ant is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).	
				ny) or to re-apply any previous e other than the applicant; a reg			
(Authorized Signature) Thomas E. Brown	#44,450	(Date) (D/29/6	,4				
This collection of information an application. Confidentiality submitting the completed applications and/or suggestions.	n is required by 37 CFR 1.3 y is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, sh	11. The information 122 and 37 CFR 10. Time will vary and the sent to the	n is required 1.14. This coldepending up Chief Inform	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any con nation Officer, U.S. Patent and D FORMS TO THIS ADDRES	the public which is to file (ar minutes to complete, includi omments on the amount of to Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to proc ng gathering, preparing, me you require to comp partment of Commerce, P for Patents, P.O. Box 14	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.